

**REVIEW AND APPROVAL REQUESTED FOR:**

☐ Contract ☐ Amendment ☐ Resolution ☐ Ordinance ☐ Policy ☒ Other

**County Counsel  
REVIEW ROUTING SHEET**

Date Prepared: 7/23/25Need Date: 8/13/25**PROCESSING DEPARTMENT**

Department: HHS  
Dept Contact: Lisa Konyecsni  
Phone: 295-6901  
Dept. Signature: Alisha Bryden  
Title: Admin Analyst Supervisor

Org Code: 5310100  
Funding Source: Healthcare Infrastructure Develop  
PL String: \_\_\_\_\_  
Legistar #: 25-1267

**CONTRACT INFORMATION**CONTRACT #: N/A

CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: Behavioral HealthContractor/Vendor Name: County Medical Services ProgramContract Term: TBDContract Value: \$500,000

*Note - HR & RISK review will take place during Fenix Contract workflow - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

TITLE / SUBJECT: \_\_\_\_\_

NUMBER (If Assigned): \_\_\_\_\_

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**Healthcare Infrastructure Development (HID) Conditional Acceptance Letter**COUNTY COUNSEL**

Approved ☒ Disapproved ☐ Date: 8/11/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Nicole C. Wright  
By: \_\_\_\_\_

Digitally signed by Nicole C. Wright  
Date: 2025.08.11 12:28:26 -07'00'

**COMMENTS**with comments as noted in email.**CONTRACT AMENDMENT ONLY****HR APPROVAL**Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: \_\_\_\_\_

**RISK APPROVAL**

Approved ☒ Disapproved ☐ Date: 8/12/25  
Approved ☐ Disapproved ☐ Date: \_\_\_\_\_

By: Karen M. Bianchini  
By: \_\_\_\_\_

Digitally signed by Karen M. Bianchini  
Date: 2025.08.12 10:24:17 -07'00'

**COMMENTS**